

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
CONFIDENTIAL CLIENT INFORMATION PER CALIFORNIA WELFARE AND INSTITUTIONS CODE 5328
AND HIPAA PRIVACY STANDARDS

Close Outpatient Episode

Outpatient	CLIENT I.D.#
Last Name:	
First Name:	Middle:
Discharge Date:	
Referral Out Code:	
Referral Out Provider:	
Legal Status:	

DIAGNOSIS Enter one Primary (required) and one Secondary Diagnosis (if applicable)			
Primary	Secondary	ICD Code	Diagnosis (Nomenclature)

Provider Name: _____ Provider Number: _____